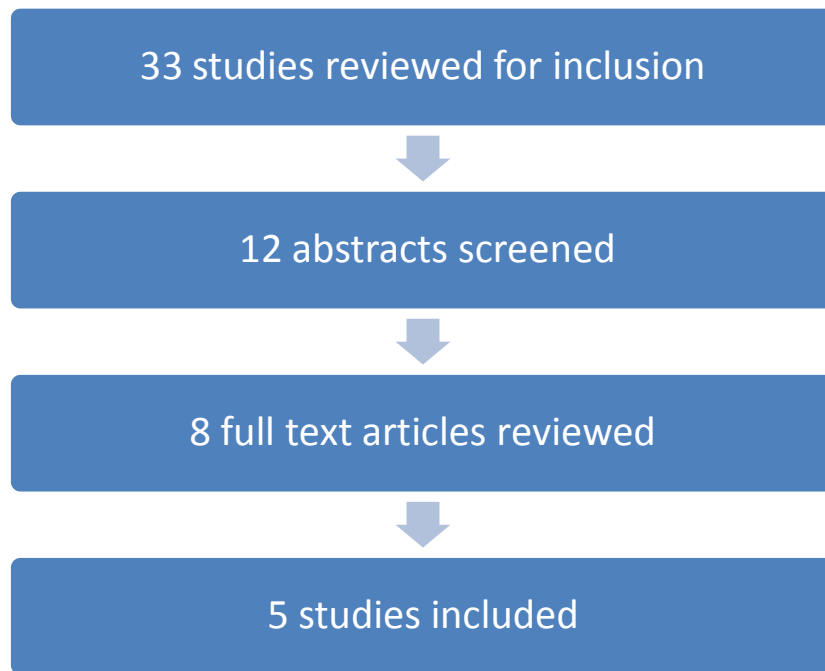


Code	Quality of Evidence	Definition
A	High	Further research is very unlikely to change the level of confidence in the estimate of effect. i.e. <ul style="list-style-type: none"> <li>Several high-quality studies with consistent results</li> </ul>
B	Moderate	Further research is likely to have an impact in current confidence in the estimate of effect and may change the estimate. i.e. <ul style="list-style-type: none"> <li>One high quality study</li> <li>Several studies with some limitations</li> </ul>
C	Low	Further research is very likely to have an important impact on the level of confidence in the estimate of effect and would likely change the estimate. i.e. <ul style="list-style-type: none"> <li>One or more studies with severe limitations</li> </ul>
D	Very Low	Estimate of effect is very uncertain. i.e. <ul style="list-style-type: none"> <li>No direct research evidence</li> <li>One of more studies with very severe limitations</li> </ul>
Code	Strength of recommendation	Implications when combined with evidence grade
1	Strong	1A: Strong recommendation, applies to most patients without reservation. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present. 1B: Strong recommendation, applies most patients. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present. 1C: Strong recommendation, applies to most patients. Some of the evidence base supporting the recommendation is, however, of low quality.
2	Weak	2A: Weak recommendation and best action may differ depending on circumstances or patients or societal values. 2B: Weak recommendation and alternative approaches likely to be better for some patients under some circumstances. 2C: Very weak recommendation; other alternatives may be equally reasonable.

**Supplementary Table:** Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach: a common, systematic and transparent approach to grading quality of evidence and strength of recommendations. The GRADE approach rates evidence across studies for specific clinical outcomes to link evidence-quality evaluations to recommendations in clinical guidelines. The GRADE codes according to the levels of evidence are shown.



**Supplementary Figure 2:** Outline of systematic literature search according to PRISMA methodology for susceptibility of Group A streptococcus to trimethoprim-sulfamethoxazole.